

FISCAL YEAR or CALENDAR YEAR		2009 BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM								FY/ CY 2009			
TRIBE/AGENCY:		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
		Actual		Actual		Actual		Actual					
OSG BIA 477 638		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)					
A		B	D	E	G	H	J	K	M	N	P	Q	R
Program Component		Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit
Child Assistance													
Foster Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Residential Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Adoption Subsidy		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Guardianship Subsidy		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Special Needs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Homemaker Services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Adult Care Assistance													
Homemaker Services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Residential Care (group home)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
General Assistance		0		0		0	\$ -	0	\$ -	0	\$ -	\$ -	\$ -
Employable										0			
Unemployable										0			
Individual Self-Sufficiency Plan (ISP)										0			
ISP Goals Completed										0			
Applications Approved										0			
Applications Disapproved										0			
Burial Assistance		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
Emergency Assistance		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0	\$ -	\$ -	\$ -
IIM Accounts													
Services										0			
Distribution Plans Processed										0			
Services Only													
Child Protection										0			
Adult Protection										0			
Child and Family Services										0			
Total		0	\$ -	0	\$ -	0	\$0	0	\$ -	0	\$ -	\$ -	\$ -
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)							
TRIBE/AGENCY (Insert name/Title):						TRIBE (Insert Name/Title):							
DATE:						DATE:							
AGENCY SUPERINTENDENT (Certify)						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)							
DATE:						DATE:							
REGIONAL SOCIAL WORKER (Certify)													
DATE:													